

Medical Direction and Practice Board
19-March-2008
Minutes

In Attendance Members: Tony Bock, Steve Diaz, Jonnathan Busko, Kevin Kendall

In Attendance Staff: Jay Bradshaw (Director MEMS), Dawn Kinney

In Attendance Guests: Ginny Brockway, Jeff Regis, Joanne LeBrun, Kevin Bachi, Doris Laslie, Eric Michaud, Joe LaHood, Alan Azzara, David Robie, Bob Hand, Butch Russell, Rick Petrie (Ops and Ed Rep), Tom Judge, Chris Hamilton

Topic	Discussion	Action(s)
1) Introductions	None	None
2) Ops Committee Update	Escape hoods with distribution issue being addressed by this team; they are reviewing the protocols; and they are “on board” with education committee and their work on accreditation, CPAP teaching, 12 lead	None
3) Ed Committee Update	PPT created for protocols; CPAP program work ongoing; Glucometer training program in progress; Core faculty and regional training programs discussed, longer discussions at their meetings on how they identify appropriate teachers depending on the program; have a joint meeting with ops regarding the course approval process; and “loop back” with the question of “how will scope creep issues be addressed for ongoing trainging”—that is how do we stay up to date on low frequency technical issues and this is especially salient at the basic level from an infrastructure perspective	None
4) MEMS QI Update	Psychiatric transfer issues are the hot topic and Diaz’s meetings with the senate group are in suspension at this point (budget priorities for them); MHA meeting this Friday for Bradshaw and Diaz; LeBrun brought to the discussion a legislative resolve which is a House bill directing creation of a committee to look at this issue and report back to committee—the resolve asks the AG office and DHHS to work together with Public Safety (MEMS et al) with MHA and Maine Fire Chief Association and Maine Ambulance Association also at the table; Question of restraints is a question for the AG office; LeBrun has run the 2004 and 2005 transfer numbers for psychiatric transfers and no significant change in the profile; also LeBrun is working on a draft template of policy for services on transfer of psychiatric patients	
5) NAEMSP Program	Busko presented hosting a course on one day medical direction from NAEMSP. Cost is \$2,500.00 plus site costs. Would	No direct action taken, Bradshaw will check into flex grants and loop back to Busko.

	<p>like to look to hosting this fall 2008. The expected total costs would be \$4,000.00. Question posed if this is something people saw as being beneficial to their service medical directors. Bradshaw asked if we could tie to a flex grant. The content of such a program is overview of what medical direction entails and would be useful to EM residents, New medical directors, and EMS naïve doctors. Also available beyond this are a 3 day full medical direction course and a one day advanced topics course. This was taught in Nova Scotia one and a half years ago and LeBrun asked if this has been taught in VT or NH—posited whether New England Council might be a supporter.</p>	
6) Legislative and Budget Updates	<p>Working on budget at the State; resolve on psychiatric emergencies as mentioned previously in these minutes; and a safety issue as an FYI is the Fire Marshall banning all novelty lighters. The legislators are working on their second curtailment order- impact to EMS has been in technology (cell phones, pagers) and board meeting frequency and not yet tied to any fees or anything else like that.</p>	
7) OLMC Update	<p>Four to five slides need re-recording, and then good to go.</p>	No Action
8) Specialty Programs	<p>Handouts distributed and we walked through the proposed process. Oversight, scope and education are key components. We have consensus support from those medical directors in attendance and Busko with idea how to pilot this. Discussion on “copying” programs to other sites- when is something idiosyncratic or not, statewide or not—can this be used for expanding PIFT? As covered in previous meetings and current documents—No, the project must not be part of an existing program and you must demonstrate unique need and service must have all the required support. LeBrun asked if a fee should be part of the application and if we should have reciprocity—both of these forwarded to Operations Committee. Once Operations and Education have vetted this, then needs to be presented to MEMS Board. Wilderness medicine would be a subset of this and notes from previous meeting circulated—we will pull together a work group following the notes as thus far formed.</p>	To Ops and Ed.
9) Query by Busko	<p>Can we suggest that every medical director representative designate an alternate? And can we develop offline process for voting? And can we have</p>	Bradshaw is going to check to see if these types of processes are allowable.

	MDPB proxies? These all seemed like good ideas but we do have concerns if we are allowed to do this	
10) Question on use of Hemostatic agents	When can they be used? A: OK to use contained hemostatic agents for hemorrhage that are encapsulated and not hyperthermic as of go live with the new protocols. Is State QI looking at hemostatic agent use? No, this adoption came from the TAC and they had looked at this question. Can we have a check box on MEMSRR? Referred to MEMS team	No actions other than referral of last question to MEMS team
11) Protocol Update Questions	Metoprolol use with chest pain has been updated and device questions for intubation—where is such a list of approved items	Device list has been put on hold pending all the work focused on the protocols.
12) Next Meeting Wednesday, April 16, 2008		